Case 19-27085-MBK Doc 84 Filed 11/20/20 Entered 11/20/20 12:08:51 Desc Main Document Page 1 of 7

	case:	rmation to identify your	Fill in this info
Last Name		Temeko R. Foster	Debtor 1
2400.1141110		Michelle R. Foste	Debtor 2
Last Name	Middle Name	First Name	(Spouse if, filing)
'TRENTON VICINAGE	DISTRICT OF NEW JERS	ankruptcy Court for the:	United States B
		19-27085-MBK	Case number
			(II KIIOWII)
	Middle Name r Middle Name	First Name Michelle R. Foste First Name cankruptcy Court for the:	Debtor 2 (Spouse if, filing) United States B

Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

info	as complete and accurate as possible. If two married people are filing together, both are equally responsible fo rmation. Fill out all of your schedules first; then complete the information on this form. If you are filing amend r original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.		
Par	t 1: Summarize Your Assets		
		Your as	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	530,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	40,903.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	570,903.00
Par	t 2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	380,165.58
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	5,675.69
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	157,369.21
	Your total liabilities	\$	543,210.48
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	7,629.44
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	7,029.35
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with yo	ur other sch	nedules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a personal,	family, or
	Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this	s box and s	ubmit this form to

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Debtor 1 Temeko R. Foster
Debtor 2 Michelle R. Foster

Case number (if known) 19-27085-MBK

the court with your other schedules.

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

12,679.53

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total o	laim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	5,675.69
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	46,144.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	51,819.69

Fill in this information to identify your ca	se:	
Debtor 1 Temeko R. F	oster	
Debtor 2 Michelle R. F	oster	
United States Bankruptcy Court for the:	DISTRICT OF NEW JERSEY TRENTON VICINAGE	
Case number 19-27085-MBK		Check if this is:
(If known)		 An amended filing A supplement showing postpetition chapter 13 income as of the following date:
Official Form 106I		MM / DD/ YYYY

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job, attach a separate page with information about additional employers.	Employment status Occupation	■ Employed □ Not employed Self-Employed	■ Employed □ Not employed East Territory Director
	Include part-time, seasonal, or self-employed work.	Employer's name	Wow Your Ideas	American Diabetes Assoc
	Occupation may include student or homemaker, if it applies.	Employer's address How long employed the	nere?	10 years
Por	Cive Details About Mar			

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filling spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.
 Estimate and list monthly overtime pay.
 Calculate gross Income. Add line 2 + line 3.

		Pol Debiol 1		filing spouse
2.	\$	0.00	\$	7,982.50
3.	+\$	0.00	+\$	0.00
4.	\$	0.00	\$_	7,982.50

For Debtor 1 For Debtor 2 or

Official Form 106l Schedule I: Your Income page 1

Deb Deb	tor 1 tor 2	Temeko R. Foster Michelle R. Foster	_		Case	e number (<i>if kno</i> u	vn)	19-27	7085-MB	K	
	C	vy line 4 hone	4			r Debtor 1			Debtor 2	ouse	
	Cop	by line 4 here	4.		\$_	0.0	<u> </u>	ъ	7,9	82.50	
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a	a.	\$	0.0	00	\$	1.3	76.58	
	5b.	Mandatory contributions for retirement plans	5b) .	\$	0.0		\$		0.00	
	5c.	Voluntary contributions for retirement plans	50) .	\$	0.0	00	\$	2	39.48	•
	5d.	Required repayments of retirement fund loans	50	d.	\$	0.0	00	\$	1	22.86	•
	5e.	Insurance	5e	€.	\$	0.0	00	\$	8	83.40	•
	5f.	Domestic support obligations	5f.		\$	0.0	00	\$		0.00	
	5g.	Union dues	5g	g.	\$	0.0	00	\$		0.00	•
	5h.	Other deductions. Specify:	5h	Դ.+	\$_	0.0	00	+ \$		0.00	
6.	Add	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$_	0.0	00	\$	2,6	22.32	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$_	0.0	00	\$	5,3	60.18	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a	а.	\$	1,755.	18	\$		0.00	
	8b.	Interest and dividends	8b		\$	0.0		\$		0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	t 80	c .	\$	0.0	00	\$		0.00	
	8d.	Unemployment compensation	80	d.	\$	0.0	00	\$		0.00	•
	8e.	Social Security	86	€.	\$	0.0	00	\$		0.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	e 8f.		\$_	0.0		\$		0.00	
	8g.	Pension or retirement income	89		\$_	0.0		\$		0.00	
	8h.	Other monthly income. Specify: 2018 income tax refund (1/12th)	8h	1.+	\$_	514.0) 8	+ \$		0.00	
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.		\$_	2,269.2	26	\$		0.00)
10	Cal	culate monthly income. Add line 7 + line 9.	10.	\$		2 260 26 4	\$		60.18 =	\$	7,629.44
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ_		2,269.26 +	 Ψ-		00.10		7,025.44
11.	State Included Other	the all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	r depe					•	chedule J		0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Certailies							12.	\$	7,629.44
13.	Do :	you expect an increase or decrease within the year after you file this form	1?							ombir nonthly	ned y income
		No. Yes. Explain:									
	ш	roo. Explain.									

Filli	in this informa	ition to identify yo	ur case:						
Debt		Temeko R. F				Ch	eck if	this is:	
							An	amended filing	
	tor 2 ouse, if filing)	Michelle R. F	oster						ving postpetition chapter the following date:
Unite	ed States Bankı	ruptcy Court for the:	DISTRI	ICT OF NEW JERSEY TRI	ENTON		MM	I / DD / YYYY	
	e number 19	9-27085-MBK							
		orm 106J J: Your I	Exper	ıses					12/1
Be a	as complete ormation. If m	and accurate as	possible eded, atta	. If two married people and the control of the cont	re filing together, bot form. On the top of a	th are ed any addi	qually tional	responsible fo pages, write y	or supplying correct your name and case
Part	t 1: Desci	ribe Your House	hold						
••	□ No. Go to								
	Yes. Doe	es Debtor 2 live i	n a separ	ate household?					
	■ N □ Y	-	t file Offic	ial Form 106J-2, <i>Expenses</i>	s for Separate Househ	old of De	ebtor 2	2.	
2.	Do you hav	e dependents?	□ No						
	Do not list D Debtor 2.	ebtor 1 and	Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1			Dependent's age	Does dependent live with you?
	Do not state dependents				Son			7	□ No ■ Yes
									□ No
					Daughter			10	Yes
									□ No □ Yes
					-				□ No
									☐ Yes
3.	expenses o	penses include f people other th d your depender	nan 🦳	l No l Yes					
Part	t 2: Estim	ate Your Ongoir	ng Month	ly Expenses					
exp	imate your ex enses as of a dicable date.	cpenses as of your date after the b	our bankr pankrupto	uptcy filing date unless y cy is filed. If this is a supp	ou are using this for plemental <i>Schedule</i> .	rm as a s <i>I</i> , check	supple the b	ement in a Cha ox at the top o	pter 13 case to report f the form and fill in the
the		h assistance and		government assistance i				Your expe	enses
,		,							
4.		or home owners! and any rent for the		nses for your residence. I or lot.	nclude first mortgage	4.	\$_		3,015.28
	If not includ	led in line 4:							
	4a. Real	estate taxes				4a.	\$		0.00

4b. \$

4c. \$

4d. \$

0.00

0.00

125.00 0.00

4b.

Property, homeowner's, or renter's insurance

4c. Home maintenance, repair, and upkeep expenses

Additional mortgage payments for your residence, such as home equity loans

4d. Homeowner's association or condominium dues

	R. Foster	Case numl	per (if known)	19-27085-MBK
6. Utilities:				
•	, heat, natural gas	6a.	·	300.00
*	wer, garbage collection	6b.	\$	135.00
6c. Telephon	e, cell phone, Internet, satellite, and cable services	6c.	\$	126.00
6d. Other. Sp	ecify: Cell phone	6d.	\$	306.74
. Food and hous	ekeeping supplies	7.	\$	845.00
Childcare and	children's education costs	8.	\$	180.00
Clothing, laund	Iry, and dry cleaning	9.	\$	215.00
Personal care 	products and services	10.	\$	105.00
 Medical and de 	ntal expenses	11.	\$	223.00
Transportation Do not include of	. Include gas, maintenance, bus or train fare.	12.	\$	750.00
	clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
	tributions and religious donations	14.	\$	0.00
5. Insurance.	•			
Do not include in	nsurance deducted from your pay or included in lines 4 or 20.			
15a. Life insura		15a.	·	402.00
15b. Health ins		15b.	\$	0.00
15c. Vehicle in		15c.	\$	90.00
15d. Other inst	· · ·	15d.	\$	0.00
Specify:	nclude taxes deducted from your pay or included in lines 4 or 20.	16.	\$	0.00
7. Installment or I			_	
, ,	ents for Vehicle 1	17a.	·	0.00
	ents for Vehicle 2	17b.	\$	0.00
17c. Other. Sp	· · · · · · · · · · · · · · · · · · ·	17c.	\$	0.00
17d. Other. Sp	· -		\$	0.00
	of alimony, maintenance, and support that you did not report as		\$	0.00
	your pay on line 5, Schedule I, Your Income (Official Form 106I). s you make to support others who do not live with you.		\$	0.00
Specify:	3 you make to support others who do not live with you.	19.	Ψ	0.00
	erty expenses not included in lines 4 or 5 of this form or on Scho		ur Income.	
	s on other property	20a.		0.00
20b. Real esta		20b.	\$	0.00
20c. Property,	homeowner's, or renter's insurance	20c.	\$	0.00
20d. Maintena	nce, repair, and upkeep expenses	20d.	\$	0.00
20e. Homeowr	ner's association or condominium dues	20e.	\$	0.00
1. Other: Specify:	Pet Food/Supplies	21.	+\$	170.00
Exterminator			+\$	41.33
-	monthly expenses			
22a. Add lines 4	· ·		\$	7,029.35
22b. Copy line 2	22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
22c. Add line 22	a and 22b. The result is your monthly expenses.		\$	7,029.35
-	monthly net income.	,		
	12 (your combined monthly income) from Schedule I.	23a.		7,629.44
23b. Copy you	r monthly expenses from line 22c above.	23b.	-\$	7,029.35
	your monthly expenses from your monthly income. t is your monthly net income.	23c.	\$	600.09
For example, do y modification to the	an increase or decrease in your expenses within the year after you expect to finish paying for your car loan within the year or do you expect you terms of your mortgage?			ease or decrease because of a
■ No.	Te in the second			
☐ Yes.	Explain here:			

nation to identify your	case:		
Temeko R. Foster	•		
First Name	Middle Name	Last Name	
Michelle R. Foste	r		
First Name	Middle Name	Last Name	
nkruptcy Court for the:	DISTRICT OF NEW JE	RSEY TRENTON VICINAGE	
9-27085-MBK			
	Temeko R. Foster First Name Michelle R. Foste	Michelle R. Foster First Name Middle Name hkruptcy Court for the: DISTRICT OF NEW JE	Temeko R. Foster First Name Middle Name Last Name Michelle R. Foster First Name Middle Name Last Name Middle Name Last Name DISTRICT OF NEW JERSEY TRENTON VICINAGE

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Sign Below	
Did you pay or agree to pay someone who is	NOT an attorney to help you fill out bankruptcy forms?
■ No	
Yes. Name of person	Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119)
Under penalty of perjury, I declare that I have that they are true and correct. X /s/ Temeko R. Foster	read the summary and schedules filed with this declaration and X /s/ Michelle R. Foster
that they are true and correct.	·
that they are true and correct. X /s/ Temeko R. Foster	X /s/ Michelle R. Foster